

ANNUAL CERTIFIED BUDGET FOR MOSQUITO CONTROL

COUNTY / DISTRICT LEON FISCAL YEAR OCTOBER 1, 2005 - SEPTEMBER 30, 2006

RECEIPTS				
Acct #	Description	TOTAL	LOCAL	STATE
311	Ad Valorem (Current/Delinquent)	664,238	664,238	-
334.1	State Grant	37,025	-	37,025
362	Equipment Rentals	-	-	-
337	Grants and Donations	-	-	-
361	Interest Earnings	-	-	-
364	Equipment and/or Other Sales	-	-	-
369	Misc/Refunds (prior yr expenditures)	-	-	-
380	Other Sources	-	-	-
389	Loans	-	-	-
TOTAL RECEIPTS		701,263	664,238	37,025
Beginning Fund Balance		-	-	-
Total Budgetary Receipts & Balances		701,263	664,238	37,025

EXPENDITURES				
Acct #	Uniform Accounting System Transaction	TOTAL	LOCAL	STATE
10	Personal Services	323,043	323,043	-
20	Per Serv Benefits	135,142	135,142	-
30	Operating Expense	14,751	14,751	-
40	Travel & Per Diem	5,131	856	4,275
41	Communication Serv	1,800	1,800	-
42	Freight Services	650	650	-
43	Utility Service	1,500	1,500	-
44	Rentals & Leases	1,000	1,000	-
45	Insurance	11,552	11,552	-
46	Repairs & Maint	27,408	27,408	-
47	Printing and Binding	2,335	1,335	1,000
48	Promotional Activities	9,750	3,000	6,750
49	Other Charges	-	-	-
51	Office Supplies	1,326	1,326	-
52.1	Gasoline/Oil/Lube	18,640	18,640	-
52.2	Chemicals	133,545	108,545	25,000
52.3	Protective Clothing	400	400	-
52.4	Misc. Supplies	12,990	12,990	-
54	Publications & Dues	300	300	-
60	Capital Outlay	-	-	-
71	Principal	-	-	-
72	Interest	-	-	-
89	Contingency (Current Year)	-	-	-
99	Payment of Prior Year Accounts	-	-	-
TOTAL BUDGET AND CHANGES		701,263	664,238	37,025
0.001	Reserves - Future Capital Outlay	-	-	-
0.002	Reserves - Self-Insurance	-	-	-
0.003	Reserves - Cash Balance to be Carried Forward	-	-	-
0.004	Reserves - Sick and Annual Leave	-	-	-
Transferred Out		-	-	-
TOTAL RESERVES ENDING BALANCE		-	-	-
TOTAL BUDGETARY EXPENDITURES AND BALANCES		701,263	664,238	37,025

I certify that the budget shown was adopted on this _____ Day of _____ 2005.

SIGNED: [Signature] DATE 7/11/05 2005
Chairman of the Board, or Clerk of Circuit Court

Sworn to and subscribed before me this 11th day of July, 2005, by CLIFF J. SUMMERLIN
who is personally known to me or has produced _____ as _____

[Signature]
(Signature) Notary Public, State of Florida

Linda Summerlin
Printed Name of Notary Public



APPROVED AS TO FORM:

Leon County Attorney's Office
Leon County, Florida

ATTEST:

Bob Inzer, Clerk of Circuit Court
Leon County, Florida

By: [Signature]
Herbert W.A. Thiele

By: [Signature]
John Stott, Deputy Clerk

SIGNED: [Signature] DATE 7/26/05 2005
Bureau of Entomology and Pest Control